SEXUAL ABUSE PREVENTION PROGRAMS AND MENTAL HANDICAP

A REPORT PREPARED BY
THE G. ALLAN ROEHER INSTITUTE

93-02375/

Copyright © 1989 The G. Allan Roeher Institute

All rights reserved. The use of any part of this publication reproduced, transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, or stored in a retrieval system without the prior consent of the publisher is an infringement of the copyright law.

ISBN 0-920121-83-7

The G. Allan Roeher Institute
York University,
Kinsmen Building
4700 Keele Street
Downsview, Ontario
M3J 1P3

Institute Director:	Marcia H. Rioux
Author/Researcher:	Connie Guberman
Publications Editor:	Wanda Taylor
Desktop Publishing:	Marion Brown

Preface

Our news is filled these days with accounts of the sexual abuse of children. While the devastating consequences of abuse are clear to us, we have yet to create the social conditions for its elimination. The issue of sexual abuse must be seen within the broader context of the values of the society in which we live. The elimination of abuse in the long-term thus involves a "re-valuing" of society; a reshaping of attitudes and values so that this form of violence literally becomes a thing of the past.

People with disabilities tend to be at greater risk to sexual abuse. Our attitudes towards people with disabilities — and particularly people with mental handicaps — render them more vulnerable. Their vulnerability relates not to their disabling condition, but rather to the manner in which they are regarded. Because — like children and women — they are perceived as having little status, value, and power, they are easy targets for abuse. Our "re-valuing" must include a change of the attitudes towards groups that have traditionally been disadvantaged and devalued.

Sexual abuse prevention programs represent an important component of the long-term solution to the problem of sexual abuse. Many such programs now exist and are being used in schools across the country. The most effective programs are those which are community-based; that is, those which involve children, parents, teachers, and other professionals.

The need for prevention programs that are accessible to people with mental handicaps is clear. As the study *Vulnerable* revealed, while their disability may put them at greater risk for abuse, people with mental handicaps are less likely to disclose abuse, have someone believe them, or be treated for abuse.

People with mental handicaps are increasingly remaining within their communities, or returning to their communities as institutions close. The implementation of community-based prevention programs that deal with the issues affecting people with a mental handicap must be part of the overall abuse prevention strategy.

This study analyses several prevention programs in terms of their suitability or adaptability for use with people who have a mental

handicap. It is meant to be the first step in the development of the criteria for a program. Ultimately what is needed is a program that can be used across the country and addresses a number of audiences: people with mental handicaps, their families, teachers, legal and law enforcement professionals, counsellors, medical professionals. This study has allowed us to examine what information is appropriate and required in a prevention program that deals with the reality of the lives of people with a mental handicap.

Thanks are due to the advisory group for this project, including: Gail Gould, Cheryl Easton, Peter Park, Melanie Panitch, Ann West, Cam Crawford, Giovanna Heffernan, Miriam Ticoll, and Connie Guberman who coordinated the project, researched, and wrote the report.

This project was made possible through funding from the Family Violence Prevention Division of Health and Welfare Canada.

— Marcia H. Rioux

TABLE OF CONTENTS

	Preface	i
I.	PURPOSE	1
II.	METHODOLOGY	3
1.	Process	3
2.	Evaluation Criteria	4
(a)	Addressing Values and the Root Causes of Abuse	4
(b)	Accuracy	7
(c)	Appropriate Language and Concepts	8
(d)	Presenting a Balance of Positive and Negative Messages, and an Exploration of The Touch Continuum	8
(e)	Empowerment	10
(f)	Reduction of Individual Isolation: Encouragement of Community Awareness and Participation	11
III.	PROFILE OF PREVENTION PROGRAMS	17
	(Chart: Summary Profile of Prevention Programs)	18
IV.	PROGRAM DESCRIPTIONS AND COMPOSITE EVALUATIONS	23
1.	Circles II: Stop Abuse. Teaching Self-Protection Skills to Persons with Developmental Disabilities	23
2.	The Woodrow Project: A Sexual Abuse Prevention Curriculum for the Developmentally Disabled	25
3.	Preventing Sexual Abuse of Persons with Disabilities. "A Curriculum for Hearing Impaired, Physically Disabled, Blind and Mentally Retarded Students"	27

4. Sexual Abuse Prevention: Five Safety Rules for Persons Who Are Mentally Handicapped 29
5. No-Go-Tell. A Child Protection Curriculum for Very Young Disabled Children 30
6. Sexual Abuse and Self-Protection Developmental Disabilities Project. 32
7. Feeling Yes/Feeling No. A Sexual Assault Prevention Program for Young Children and Their Parents. 34
8. The Care Kit (Child Abuse Research and Education) 36
9. The Child Abuse Prevention Kit 38

V. SUMMARY OF FINDINGS: GENERAL TRENDS ACROSS THE PROGRAMS 41

VI. RECOMMENDATIONS FOR FUTURE DEVELOPMENT 49

REFERENCES 54

APPENDIX: EVALUATION FORM 55

I. PURPOSE

The study, *Vulnerable: Sexual Abuse and People with an Intellectual Handicap*, conducted by The G. Allan Roeher Institute in 1988, highlighted the need for a well-developed and effective sexual abuse prevention program aimed at individuals with mental handicaps.

The study showed that the incidence rate of sexual abuse is overwhelmingly high:

> when national prevalence studies are combined with those studies that specifically studied people with developmental disabilities, it must be estimated that between 39 (Badgeley et al., 1984) and 68 percent (Hard, 1986) of girls with developmental disabilities and between 16 (Badgeley et al., 1984) and 30 percent (Hard, 1986) of boys with developmental disabilities will be subjected to sexual abuse before they reach eighteen years of age. These figures are staggering even at their lowest and clearly indicate the need for prevention and intervention strategies.[1]

The purpose of this project is to begin to redress this by examining a number of existing sexual abuse prevention programs to determine whether they would be suitable and of benefit to people who are mentally handicapped, and to outline steps necessary to produce a Canadian sexual abuse prevention program for people with mental handicaps, their families, friends and involved professionals.

The goal of the project is to identify appropriate components for a prevention program to ensure that people with mental handicaps are served from the perspective of prevention and when they have been victims of abuse.

It was not the mandate of this project to develop a sexual abuse prevention program.

II. METHODOLOGY

1. Process

Nine sexual abuse prevention programs were chosen to be evaluated: three were generic programs and six were targeted to children with mental handicaps; three of the programs were developed in Canada, six of them were developed in the United States; adolescents or young adults were the target population for three and one-half of the programs, pre-school and children ages six to twelve were the target population of five and one-half of the programs.

A project coordinator and an Advisory Committee of eight members comprised the evaluation team. Each member of the evaluation team brought her/his particular skills, knowledge, and experiences to the process. The team was composed of self-advocates and family members, a specialist in the area of sexual abuse prevention, an educator, someone with evaluation expertise and several representatives from The Roeher Institute.

The Committee met a total of five times over a six-week period:

- an initial meeting to establish a basis of unity and to begin defining evaluation criteria;
- two almost day-long meetings to view and evaluate programs using the developed questionnaire as a guideline (see Appendix A);
- after a period of one week during which members filled in the evaluation forms, the evaluators met to discuss and review results;
- and finally, the team met to hear the results and recommendations as gathered and perceived by the project co-ordinator.

This report is organized into four main parts: the Methodology section, which includes an overview of the Criteria that the evaluation team believes to reflect essential components that will be present in any appropriate and effective sexual abuse prevention program for children with mental handicaps in Canada; a Profile of Prevention Programs as defined by the programs themselves; Program Descriptions and Composite Evaluations of each program based on the evaluation team's review; and the Conclusion, which includes a discussion of General Trends across the Programs, and a Summary of Findings and Recommendations.

2. Evaluation Criteria

The members of the evaluation team developed the evaluation criteria for assessing the merits of the programs, and this was one of the key objectives of the project. In preparing the criteria the team drew from a number of sources, including the "Guidelines for Assessment of Prevention Material" prepared for the Metropolitan Special Committee on Child Abuse, and *Empowerment: A Systems Approach to Preventing Assaults Against People with Mental Retardation and/or Developmental Disabilities,* by Maureen Crossmaker.

The team identified six thematic categories or general criteria to be used as the evaluative tool. The criteria were:

- addressing values and the root causes of abuse;
- accuracy;
- appropriate language and concepts;
- presenting a balance of positive and negative messages, and an exploration of the Touch Continuum;
- empowerment; and
- reduction of individual isolation, encouragement of community awareness and participation.

(a) Addressing Values and the Root Causes of Abuse

> The prevention of the abuse of people with intellectual disabilities is inextricably bound to the issue of violence in our society and the devaluation of women, children, visible minorities and other marginalized groups. (Ticoll, p.8)

While prevention efforts that are geared to individuals are critical to reducing the incidence of abuse, effective prevention programs will also reflect an awareness of the root causes of abuse, which are often systemic in nature and which cannot be addressed by simply preparing the potential victim for the eventuality of abuse.

> The vulnerability of children to sexual abuse is related to and perpetuated by many of the values of our society, and this problem will never be solved by simply instructing children

> how to avoid such situations or what to do about them once they have happened. Changing attitudes towards violence, abuse of power, children, women, sex-role stereotyping, and sexuality needs to be part of any effective prevention strategy. (Stewart)

Well-designed programs will take into account the sex-stereotyping that contributes to an imbalance of power in our society, rendering girls/women vulnerable and legitimizing the abuser's belief that it is right to abuse. For example, it is clear that in our society males and females are raised with different gender role expectations and these can contribute to abusive behaviours. Girls are praised for being compliant, quiet, and passive; boys for being active, aggressive and insensitive. In the interests of changing the societal conditions that foster the occurrence of abuse, well-designed program material will:

- reflect a sensitivity to and avoid stereotypical images of boys/girls and men/women that contribute to abuse;
- show girls *and* boys as active, playful, thinking, thoughtful, creative, curious, bright, assertive, and important;
- portray boys, *and* girls, as having permission to cry when they feel bad, and men *and* women as caring and feeling persons.

Like sexual stereotypes, demeaning and dehumanizing stereotypes of persons with disabilities increase their vulnerability to sexual abuse, and increase the opportunities for the abusers to continue perpetuating their sexual abuse activities (Hard). As explained in *Vulnerable:*

> Just as the view of women and children as commodities may justify their exploitation (Rush, 1980), persons with developmental disabilities are considered by some to be subhuman (Morgenstern, 1973), and thus worth less than other women and children. The process of dehumanization in which the person is made into an object or something less than fully human would reduce inhibitions against aggressing against them. (*Vulnerable*, 12)

Well-designed programs will accordingly:

- take precautions to avoid particularly these kinds of degrading and dehumanizing stereotypes of people with disabilities, regardless of gender.

As well as avoiding various forms of negative stereotyping, prevention programs that raise awareness about the societal conditions favouring abuse will also reflect a basic sensitivity to the fact that, like women and children, people with a mental handicap are likely to be victims of abuse because of their low social status, economic dependency, lack of access to information, their general isolation and their sense of powerlessness.

Having underscored the principle that effective prevention programs will address the root causes of abuse, knowledge and information for the individual remain important defences against this form of assault. In the interests of equipping the individual to be able to deal with potential and actual abuse, sound programs will:

- portray individuals learning about prevention as a good and necessary thing;
- portray children with mental handicaps as being capable of understanding and able to acquire skills at their own developmental level;
- deliver the range of other information actually needed to facilitate the development of personal skills, so individuals with mental handicaps will be better able to judge what is acceptable or unacceptable behaviour, and to recognize and avert exploitative or dangerous situations (Crossmaker).

In providing such information in a way that communicates to all program participants the clear message that people with mental handicaps can indeed learn about abuse and abuse prevention, programs will help to raise individual competencies while counteracting the broadly accepted stereotypes about the incompetence of these individuals that help to render them vulnerable.

Along with addressing the individual's need for knowledge, constructive programs will also help to equip the individual to rightfully exercise choice and power in avoiding abuse. Consequently, they will:

- avoid conveying low expectations concerning the exercise of freedom and power by people with mental handicaps. These low expectations have traditionally supported the widely held belief that choices for children/adolescents with mental handicaps naturally are, or should be, limited, which in turn has contributed to the cycle of powerlessness, victimization, and abuse;
- show individuals as having choices, rights, and power, and portray

the exercise and expansion of these values as legitimate and desireable, especially where sexual abuse is at issue;
- reflect and even help to create an atmosphere that reinforces confidence and assertive behaviour;
- avoid presenting paternalistic, passivity-reinforcing services as a social norm;
- avoid delivering information in a way that renders the individual passive as a learner.

(b) Accuracy

Another important guideline to which constructive prevention programs will adhere is accuracy in representing the reality of sexual abuse. They will share what is known about the problem in a way that is consistent with current, accurate studies in this area. Facts that should guide the visual portrayal of situations in which abuse occurs, and that can be communicated in other ways as well, would include information like the following:

- Approximately 38 percent of all girls and about 10 percent of all boys are victims of sexual abuse before age eighteen.
- There is an even higher rate of sexual abuse of children (and adults) with mental handicaps.[1]
- Children are more likely to be sexually assaulted by someone they know (Finkelhor, 1979; 1986; Russell, 1984; Conte & Berliner, 1981). Data from Seattle Rape Relief suggests that 99 percent of those who abuse children with mental handicaps are relatives, friends, acquaintances, or caretakers of the victim.
- While 80 percent of abused children are abused by someone known to them, the percentage is even higher for those who abuse children with mental handicaps.[2]
- Virtually all children are warned about strangers, few are told about the risk of abuse by someone they know and trust (Summit, 1983).
- People with disabilities are likely to be seen as easy targets by abusers, who believe these persons will be compliant and unlikely to reveal the assault.
- Females who disclose having been victims of sexual abuse are less

likely to be believed than males who disclose having been abused.
- Men are the offenders in cases of sexual abuse approximately 94 percent of the time.

(c) Appropriate Language and Concepts

> [If children] do not understand what is happening to them, it is unlikely that they would know that they could say no. Furthermore, if they are not adequately informed about their bodies, they would have difficulty being understood if they tried to tell someone once the abuse has occurred.
> (Anderson, in *Vulnerable*, p. 15)

The language, concepts, images, and materials used in suitable prevention programs will be accessible and appropriate for the age and cognitive abilities of the target audience. More specifically, this means that the message about sexual abuse, and the language, images, and materials used to convey this message will:

- be straightforward and non-evasive;
- be explicit but not frightening;
- be respectful and not patronizing;
- communicate at a level of complexity that is geared to the age and abilities of the target audience, and in a manner that engages the interest of the target audience;[3]
- provide a set of concepts/language that allows the target audience to talk about sexual abuse, to ask questions, and to identify and talk about appropriate and inappropriate touch;
- provide children with a language with which to identify and name body parts.[4]

(d) Presenting a Balance of Positive and Negative Messages and an exploration of the Touch Continuum

Prevention programs that foster realistic thinking about abuse but that do not undermine a healthy outlook on life will inform children

without frightening them or giving them a depressing and negative view of the world. They will:

- present a balance of positive and negative messages; and
- portray a balance of healthy and unhealthy behaviour.

Good programs will also reflect and explain the range of positive, negative, and confusing touch. For people with mental handicaps who are often highly dependent on care givers for personal hygiene, grooming, or dressing, making the distinction between appropriate affectionate touch and exploitative behaviour can be a particularly important yet confusing one to make. For instance, people with mental handicaps are rendered extremely vulnerable when they are unable to differentiate between assistance for basic personal care and sexually exploitative touching that is for the gratification of the helper/offender, not the victim (Cole). Similarly, since the child who has a mental handicap is more vulnerable than others to abuse by a known adult (*Vulnerable,* 14), he or she becomes even more vulnerable as the number of caretakers increases in his or her life and as his or her dependency on these persons increases. It is clear, therefore, that children with mental handicaps have a critical need to be taught how to identify the range of appropriate and inappropriate touches.

In one form or another, the basic concepts underlying the Touch Continuum model[8] will play a role in programs that aim to inform without frightening, and that enable people with mental handicaps to make the necessary distinctions between the various kinds of touch. The Touch Continuum explores the movement or difference between good touch, bad touch, and what to do when the touch is confusing. The explanation is as follows:

> Most touch is good; that means it feels good, warm, fun or playful. Good touches may include a kiss, hug or handshake. Some types of touch are bad; that means the touch hurts our feelings or our bodies. Bad touches may include a slap, kick or punch. Bad touch also includes sexual abuse where the touch is tricked or forced sexual contact. Some types of touch are confusing; that means we are mixed up about whether the touch is good or bad, but we do know that something doesn't make sense or feel right. The good or fun touches, including tickling, wrestling or "touch games," can become confusing if

> they don't feel like a game any more or we begin to feel uncomfortable, mixed up or hurt by the touch. Sometimes people are not used to touch, or don't like to be touched. We need to respect people's right not to be touched if they don't want to be. We also need to understand the severe deprivation of touch has some of the same effects on children as abusive touch and leaves them very vulnerable to being manipulated by what seems to be affectionate contact. (Anderson)

While the basic concepts underlying this model will be incorporated within effective programs, some adaptations to the model will also be made. For instance, programs will avoid oversimplified approaches to labelling touch as either "good" or "bad." In particular, they will help educators to proceed with care where sexual touching is "bad" on an ethical level, yet perhaps pleasurable and therefore apt to be confused as "good" on another level:

> It's fine if touch that hurts (e.g., hitting, punching, etc.) is called bad, but from the point of view of healthy sexual development, labelling sexual touch as "bad" is undesirable, particularly since, from the point of view of the abused child, the sexual touch may well feel "good." (Stewart)

(e) Empowerment

> Generally defined, "empowerment is a process of acquiring information, skills, social support networks, increased self-esteem and increased control over one's life." (Crossmaker)

The evaluators looked for program qualities that empower people with mental handicaps, particularly children. In other words, it was felt that suitable programs will afford information and skills training that will enable individuals to gain increased self-esteem and potentially greater control of their lives. Accordingly, the programs will send clear messages to people with mental handicaps that indicate:

- They have a right to say "no" to unwanted touch or other behaviours that hurt or make them feel confused.

- Their bodies belong to them.
- They don't always have to kiss or hug their uncle or aunt (or other significant people).
- They can assert their boundaries.
- They do not have to keep secrets if it feels uncomfortable to do so.
- They can trust their own feelings.
- They should tell someone if someone abuses them.
- It is not their fault if they are abused.

By the same token, enlightened programs will recognize and take into account the fact that:

> people who have been labelled [mentally handicapped] are often extremely dependent on others for economic support, approval and protection... Other people are often given the power to make decisions that affect the individual who has been labelled, thus denying the person the opportunity to make choices about his or her own life... People who have spent time in institutions [especially] have had to conform and comply to rules and routines that are by definition disempowering and that encourage passive behaviour. (Ticoll, p. 6-7)

In fact, people with mental handicaps have often been punished for acting assertively or for disagreeing with an authority figure. In order to address these issues, realistic programs will:

- inform educators and others about the social, institutional, physical, and attitudinal barriers that often stand in the way of individuals with mental handicaps who are trying to tell others that abuse has occurred;
- inform people with mental handicaps and those delivering prevention programs about the strategies that can be followed in the event that barriers to the disclosure of abuse have arisen.

(f) Reduction of Individual Isolation: Encouragement of Community Awareness and Participation

> Children can handle receiving the information if adults can handle giving it. (Anderson)

Isolation from society is a major contributor to vulnerability and to feelings of powerlessness for people with mental handicaps. It follows that understanding, involvement, and commitment by adults in the community are required to change the conditions that perpetuate victimization. This means that a change in awareness is necessary on many levels. Programs were therefore evaluated in terms of how well they reflect the attitude that sexual abuse prevention is a community concern, that all members of the community need to become more aware of the dynamics of assault, and that it is the corporate responsibility of all adults and institutions within the community to teach and reinforce protection/prevention skills to children.

Comprehensive prevention programs will therefore attempt to include the following in the prevention effort:

- teachers and schools;
- parents and families;
- local professionals (health, human service, law enforcement, social work, and others) and their respective service agencies/organizations;
- caregivers and their respective agencies, organizations, institutions, and facilities.

While it is appropriate for programs to teach children to "tell" an adult about hurtful touch, "telling" only has a preventative effect if the victim is believed. Because people with mental handicaps are often not believed (even less so than others) when they do tell someone (Hard), the entire community needs to become more sensitive to *how* the child may be trying to tell about an incident of abuse. Accordingly, programs that take these factors into consideration will:

- identify who these people might be, and take steps to inform those persons about how the child may be trying to communicate the occurrence of abuse;
- help parents to communicate to their child that the latter is believed, has done the right thing for telling, is not at fault for the abuse, and can be provided with help where required.

To promote awareness and active support for the prevention initiative, it is important that programs be clear in communicating what abuse prevention is and how it differs from a more general discussion on human sexuality. For example, children are systemati-

cally taught about a wide variety of safety issues (such as traffic rules) through what are considered "ordinary" programs from a very early age. These programs are generally well supported by parents. Effective abuse prevention programs will take advantage of such facts: the more that parents know about or participate in a program designed for the *safety* of their children, the more supportive they are likely to be. Accordingly, effective programs will present sexual abuse prevention education as a safety program (Plummer; Anderson), and will engage the support of parents by clearly communicating the fact that the program is not simply about "sex."[8]

By its structure, a program can cultivate interest, awareness, and support for the prevention initiative in other ways as well. Parents can be invited in advance to attend the actual program presentations to hear about the program, to preview materials, and to be taught how to reinforce the main program concepts at home. They can be informed at that time about what sexual abuse is, and can be told important facts about abuse, such as what the effects of abuse are on children in terms of behaviours and other indicators, and what to do if their child discloses that she or he has been abused.

While the ultimate aim of effective prevention is the elimination of abuse and of the need for individual treatment, the treatment of abuse can help break cycles of violence. Proper and thorough training of teachers, and of the entire community of adults, about the treatment resources and services available to the community is another important component of any well-conceived, comprehensive effort to promote general awareness, involvement, and competence with regard to this issue.

Notes:

[1] "It must be estimated that between 39 (Badgely et al., 1984) and 68 percent (Hard, 1986) of girls with developmental disabilities and between 16 (Badgely et al., 1984) and 30 percent (Hard, 1986) of boys with developmental disabilities will be subjected to sexual abuse before they reach eighteen years of age." (*Vulnerable*, 11)

[2] "The data ... examining the abuse of children with intellectual impairments suggests that they are even more likely to be sexually molested by a relative or caretaker (Hard, 1986; Ryerson, 1984), and more children with developmental disabilities receive special services which are given by a trusted adult (for example, bus drivers, special education teachers, and staff in residential programs) than other children (Watson, 1984; Baladerian, undated; Murphy & Della Corte, 1987). Thus, the child who has a disability might be more vulnerable to abuse from a known adult." (*Vulnerable*, 14)

[3] "Anderson (19/05/87) and others have stressed that to many parents' and professionals' surprise, children and adolescents with developmental disabilities have no difficulty grasping complex concepts such as manipulation and tricking, as long as the material is presented in [a] concrete manner. Role play seems to work particularly well with children with developmental disabilities Davies, 05/87; Anderson, 19/05/87). In this way children can be taught the 'avoidance, resistance, and help seeking techniques' (Finkelhor & Araji, 1983, p.14) that they need to protect themselves against sexual abuse." (*Vulnerable*, 43)

[4] This will include teaching the names of all the parts of their bodies, including the genitals, because it is easy to confuse or misunderstand terms such as "private parts" or "those areas covered by your bathing suit or underwear." As well, the more children know about appropriate names of the parts of their body, the easier it is for them to talk about sexual abuse, to ask questions, or to identify inappropriate touch. (Anderson)

[5] The Touch Continuum was originally developed by the Illusion Theatre in Minneapolis, Minn., 1978.

[6] This issue of a more general education in human sexuality was explored in *Vulnerable* (p. 43):

"Many individuals working in prevention stress the need both for prior sex education and positive sexuality training before prevention programs so that children do not associate all touch with fear and exploitation (Davies, 05/87; Fifield, 1986)."

III. PROFILE OF PREVENTION PROGRAMS

The nine programs evaluated by the Committee are:

1. ***Circles II: Stop Abuse.***
   Teaching Self-Protection Skills to Persons with Developmental Disabilities (1986)

   Target Population:
   - adolescents with developmental disabilities

   Goals/Objectives:
   - to teach "students to recognize, and therefore, influence the outcome of potentially exploitative situations"

2. ***A Sexual Abuse Prevention Curriculum for the Developmentally Disabled. The Woodrow Project (1986)***

   Red Flag Green Flag Resources.
   Rape and Abuse Crisis Centre of Fargo Moorhead.

   Target Population:
   - young adults (age 15-25). IQ range 40-70; "mild/moderate range of mental retardation"

   Goals/Objectives:
   - to teach participants to say "no" assertively to a bad or dangerous situation
   - to teach the participants to move away from potentially dangerous situations
   - to teach the participants to tell an identified helper about the bad touch

3. ***Preventing Sexual Abuse of Persons with Disabilities. A Curriculum for Hearing Impaired, Physically Disabled, Blind and Mentally Retarded Students (1983)***

Minnesota Program for Victims of Sexual Assault.

Target Population:
- "mentally retarded adolescents"

Goals/Objectives:
- "the purpose of this curriculum is to provide information about sexual abuse and its prevention to ... mentally retarded adolescents."

4. ***No-Go-Tell. A Child Protection Curriculum for Very Young Disabled Children (1986)***

The Lexington Centre.

Target Population:
- pre-school and early elementary-aged disabled children

Goals/Objectives:
- "designed primarily for deaf children and others who have communication and language limitations ... to provide ALL children with the opportunity to acquire the necessary skills to protect themselves from sexual exploitation and abuse."

5. ***Sexual Abuse Prevention: Five Safety Rules For Persons Who Are Mentally Handicapped (1987)***

Planned Parenthood, Cincinnati.

Target Population:
- developmentally disabled young people

Goals/Objectives:

- Five Safety Rules:
  1. your body belongs to you
  2. keep your clothes on in public
  3. say 'no"
  4. get away
  5. tell someone

6. ***Sexual Abuse and Self-Protection Developmental Disabilities Project (1979)***

Seattle Rape Relief.

Target Population:

- Level I for use with elementary level children, ages 6-11
- Level II for use with adolescents age 12-19 and "mentally retarded" adult
- "intent for use with students who are moderate to borderline mentally retarded"

Goal/Objectives:

- to increase awareness about the problem of sexual exploitation
- to increase skill and ability to avoid and prevent types exploitation
- to increase knowledge of how and where to report incidents of sexual exploitation

7. ***Feeling Yes/Feeling No. A Sexual Assault Prevention Program for Young Children and Their Parents (1986)***

The National Film Board of Canada.

Target Population:

- parts 1, 2 and 3 for children ages 6-12

- section for parents

Goals/Objectives:
For children:
- to teach basic skills that build self-worth and good judgement
- to recognize and express "yes" feelings and "no" feelings
- to recognize sexual assault by strangers
- to build self-affirmation and discrimination skills

For parents and professionals:
- ways to recognize a sexually assaulted child and the steps to assist a child in need of help

8. ***The Care Kit (1984)***

Child Abuse Research and Education, CARE, British Columbia

Target Population:
- children ages four to nine, Kindergarten to Grade 3

Goals/Objectives:
- "to teach prevention of child abuse"

9. ***The Child Abuse Prevention Kit (1984)***

The Metropolitan Toronto Special Committee on Child Abuse

Target Population:
- Kindergarten to Grade 6

Goals/Objectives:
- to aid in early detection of child abuse, especially sexual abuse
- to decrease the likelihood of victimization by giving information and developing skills in assertiveness and personal safety
- to provide an overview of child sexual abuse to parents, teach-

ers, and the general community

- to coordinate this program with other initiatives in the area (i.e., legal, medical)

SUMMARY PROFILE OF PREVENTION PROGRAMS

	Program Design		Target Age		Country of Origin	
	Generic	Developmental Disabilities	Ages 4-12	Adolescents	Canada	U.S.A.
Circles II: Stop Abuse (1986)		x		x		x
A Sexual Abuse Prevention Program for the Developmentally Disabled (1986) The Woodrow Project		x		x		x
Preventing Sexual Abuse of Persons with Disabilities (1983)		x		x		x
Sexual Abuse Prevention: Five Safety Rules (1987)		x	x			x
No-Go-Tell (1986)		x	x			x
Developmental Disabilities Project: Seattle Rape Relief (1979)		x	LEVEL I x	LEVEL II x		x
Feeling Yes/Feeling No (1986)	x		x		x	
The CARE Kit (1984)	x		x		x	
Child Abuse Prevention Kit (1984)	x		x		x	

IV. PROGRAM DESCRIPTIONS AND COMPOSITE EVALUATIONS

1. *Circles II: Stop Abuse. Teaching Self-Protection Skills To Persons with Developmental Disabilities* (1986)

(a) Program Description:

The main teaching tool of the Circles II: Stop Abuse Program is a thirty-minute video with twelve film dramatizations of a range of defined "potentially exploitative situations."

The central goal of the Circles II program is to teach "individuals with mental retardation what behaviours are expected of them and what behaviours they can expect from others." The authors describe the Circles concept as a "simple road-map to follow in social situations." The road-map is defined as the solution to the problem of conveying the "subtle nuances of social distance, degrees of intimacy and appropriate social behaviour to people who interpret the world in a concrete manner."

The Circles concept uses six colour-coded, concentric circles to categorize appropriate behaviours (as defined in the program) in a variety of relationships. Each circle corresponds to a colour, a behaviour, and a specific degree of intimacy.

Each of the six coloured circles reflects a specific level of intimacy, and the purpose of the film is to teach children the "appropriate" gestures associated with the particular intimacy level. For example: The third concentric circle is the green — it includes less physical contact than the blue circle before it. "It is typically based on friendship or a specific emotional occurrence." The feelings expressed in this green circle are usually of a short duration. The symbol and appropriate gesture for this circle is "the far away hug."

(b) Program Evaluation:

In general, the Committee found this program vague, confusing, and unpleasant to watch. The lives represented were unrealistic and relationships were static. The language and tone was patronizing and

condescending.

The very concept of circles of intimacy on which the program is based is confusing in many ways even for the adults watching it. In one vignette, an older boy declines an invitation to play "dolls" with several younger girls and reinforces this decision not to play with the reminder to himself that "they are trying to change the 'wave' circle." (The circle in which no physical or emotional closeness is involved, i.e., with casual acquaintances, neighbours, and children).

The message was confusing on many counts. Firstly, it appeared that the girls were trying to abuse him. This emphasis is unrealistic. And secondly, it reinforces the stereotyped sex-role behaviour that boys should not play with dolls.

The Circles concept, while attempting to define abuse and express "non-mutuality" in concrete terms, does not work effectively, according to the Committee. On a very basic level the language is inappropriate. The word "circles" is used today with a different meaning. "A circle of friends" refers to a friendship network or support community. In addition, the rigid definitions of appropriate and inappropriate behaviour in the different circles is presumptuous and culturally insensitive. For example, the "far away hug" only to be given on special occasions (as defined in the green circle of behaviour) would be perceived as strange or rude, in, say, many Italian families.

The program inaccurately reflects the reality of who abusers are in our community. It promotes a fear of strangers and underestimates and minimizes abusive situations. The information relayed in the presentation does not acknowledge that in many cases offenders begin their advances in a non-sexual way and progress to introducing more sexual touch.

The message about sexual abuse — that no one should touch you unless you want to be touched — was straightforward, but very limited. The program assumed that people with mental handicaps need to learn the "subtle nuances of social distance" in a concrete way but by trying to do this so concretely, too much of the message is lost, limited and even distorted. As one committee member wrote, the program "set very limited expectations on people to go any further in their learning capacity to understand."

2. ***The Woodrow Project: A Sexual Abuse Prevention Curriculum for the Developmentally Disabled*** **(1986)**

(a) Program Description:

The goal of A Sexual Abuse Prevention Curriculum, produced by the Rape and Abuse Crisis Centre of Fargo, North Dakota, is to teach sexual abuse prevention skills to developmentally disabled young adults.

The personal safety technique taught in this curriculum is the repetition and reinforcement of three primary skills to say "no," to get away, and to tell someone. The program states its teaching philosophy for people with developmental disabilities very clearly as follows:

> When teaching the developmentally disabled, one needs to be as concrete as possible. Therefore for the purpose of this curriculum, touches will be distinguished as either good or bad. Confusing touches do occur, and this population is at high risk for them. However, in order to promote maximum learning, it was found that confusing situations were difficult for this population to comprehend.

The Committee watched a thirty-minute video tape that was an overview and guide to the program's philosophy, goals, and teaching techniques. We also reviewed three of the nine designed sessions.

The curriculum is to be taught in nine sessions, each of which is directed to run no longer than twenty-five to thirty minutes each day, and it is recommended that the program (or at least certain sessions) be repeated at least twice each year.

The program uses the "direct-instruction teaching" method in which the skill is "demonstrated by the teacher in the situation, the teacher then leads the students through the responses... until the skill is properly exhibited... Correct responses are reinforced with praise, incorrect responses are corrected immediately."

(b) Program Evaluation:

One of the major strengths of this program is the introductory material and background information in the curriculum guide. The "Myths and Facts About Sexual Abuse" and the Developmentally Disabled" are

clearly and critically written. The information provides a framework for readers that accurately reflects the reality for sexual abuse. It challenges many of the traditional misconceptions about sexual abuse. Myths such as the following are challenged:

- that sexual abuse occurs only among strangers
- that children provoke abuse by their seductive behaviour
- that children could say "stop" if they did not want to be touched
- that sexual abuse only happens in low-income families

Facts about abuse that the material clearly states, include:

- that men are the offenders in at least 94 percent of cases of child sexual abuse
- that boys as well as girls are abused
- that nearly all victims will experience confusion, shame, guilt, and anger.

This program powerfully integrates in its written material a challenge to traditional racist, sexist, and class beliefs about sexual abuse.

This curriculum also called for an accompanying sex education program and stressed the importance of parent/guardian participation to make the skills training work. (Sample letters to parents and informational handouts are included in the program guide).

The Committee, though, did identify several areas of concern. While the general tone towards people with mental handicaps was found to be respectful, the program was designed to be used in a segregated setting. One Committee member explored these thoughts on segregated settings:

> This program raised the issue of a program specifically aimed at people with mental handicaps to be used in a group composed only of people with mental handicaps. This is one of the contradictions we face in determining the suitability of programs for people with mental handicaps since, theoretically, we do not want people who have mental handicaps to be grouped together for educational purposes.
>
> What we might prefer is to include school-aged children in integrated classrooms in the sex abuse program being offered to all children but supplement this with individualized programs based on the child's developmental level.
>
> The Woodrow Project would only work in a segregated en-

vironment with mildly to moderately handicapped fifteen to twenty-five years old. A severely handicapped (i.e., non-verbal) sixteen-year-old would require something quite different than the Woodrow Project.

Several Committee members felt that the program was patronizing in its belief that people with mental handicaps can only understand and deal with the concept of good/bad touch and not with a range of touch.

As with other programs that emphasize the three skill steps of saying "no," getting away and telling someone, this program runs the danger of leaving the child with too much responsibility for saying "no" and getting away. Often adults will not listen or stop when a child says "no." Saying "no" can give children a false sense of their own power.

And finally, the program seems to ignore healthy sexual behaviour even though the program target group is adolescents. This encourages the myth that people with mental handicaps are not sexual.

3. *Preventing Sexual Abuse of Persons with Disabilities. A Curriculum for Hearing Impaired, Physically Disabled, Blind and Mentally Retarded Students* (1983)

(a) Program Description:

This program, a written text, is designed generally for preventing sexual abuse of people with disabilities. One chapter of the entire curriculum is adapted specifically for using with adolescents with mental handicaps. The program has helpful short general chapters on "Sexuality and Disability," "Parent Training," and "Teachers' Guidelines." The curriculum itself includes nine lessons:

- touch
- who would you tell
- sexual assault by a stranger
- sexual assault by an acquaintance
- sexual assault by someone in authority
- reactions and feelings of a sexual assault victim
- personal safety

As in several other programs, the Touch Continuum is used as a

scale by which children can identify their feelings about touch. This includes the range of feelings from lack of touch to nurturing touch to confusing touch to negative touch to lack of touch.

Teachers are guided through the lessons with suggestions for questions and role-play activities and with ideas for support materials to use. The support materials recommended — puppets, filmstrips, brochures — are not included in the curriculum itself. The teacher must purchase them from a separate source.

Twenty small posters accompany the written text.

(b) Program Evaluation:

Programs that offer only a written text of their curriculum were the most difficult to evaluate by the Committee, since so much of the program's effectiveness is dependent on the skills, training, and attitude of the teacher/instructor. Having a range of program components is not only more engaging and interesting to the student, but to the evaluators/adults, as well.

The tone and intent of this program toward its audience was one of respect. The manual is comprehensive in its scope and the introductory background material is thorough (even though some of the information is now out of date.)

The program incorporates the concept of the Touch Continuum very well and it reinforces the importance of clearly identifying and being accurate with the real experiences of children. The lessons build on each other and there is a balance of positive and negative feelings in the role-play situations. In the role-play technique used, children are asked to act out a variety of possible endings for scenarios. This allows for greater creative input on the part of the children.

While the program teaches body parts, the small posters used in the training were judged by the Committee to be very unappealing like grotesque caricatures.

4. ***Sexual Abuse Prevention: Five Safety Rules for Persons Who are Mentally Handicapped*** **(1987)**

(a) Program Description:

This program consists of a thirty-minute video tape and, evidently, an accompanying Teachers' Guide. The program's distributor unfortunately did not have a copy of the guide (or any of its parts) to send to us for preview.

The video consists of five vignettes; each focuses on one of five rules of safety:

1. your body belongs to you
2. keep your clothes on in public
3. say "no"
4. get away
5. tell someone

Each of the children in the presentation has a mental handicap. The first two episodes show children at a swimming pool and on a school bus. At the swimming pool a young girl is tugging at the bathing suit of a young boy, on the bus a boy instructs a girl of approximately the same age to take her clothes off. In each case an adult intervenes and reinforces the first two rules of safety.

In each of the three final scenes an adult male is portrayed as the perpetrator of abuse. Susan says "no" to her uncle's advances and wheels her chair into her bedroom, locks the door and calls her mother on the phone; when the neighbour tries to entice Anne into taking off her top, she runs away repeating to herself, "gutta get away, gutta get away"; after the janitor tries to unzip his pants, Bob runs away to his teacher repeating "gutta tell someone, gutta tell someone."

(b) Program Evaluation:

The general feeling of the Committee was that this program was patronizing in its tone and that it reinforced several stereotypical notions of children with mental handicaps. Although the children in the vignettes were portrayed in a range of places (at the pool, on the bus, out-of-doors, at home, at school) they were all segregated environments where a non-handicapped person was looking after them. This rein-

forces the belief that people with mental handicaps always need caretakers, and further acts to isolate them from the larger community.

In the final three episodes, the children "escape" from their abuser repeating their memorized safety rule: say "no", "gotta get away", or "gutta tell someone." The Committee felt this was inappropriate both in its portrayal of children with mental handicaps (it implied that all people with mental handicaps talk to themselves), and as a lesson in prevention (it is more concerned with the rote memorizing of safety rules than with empowering the child).

Only one adult was identified as a supportive safe person to whom the child might turn; no support system or community of safe adults was mentioned. There was no positive information about the body given nor was a range of touch or feelings explored.

In addition to the criticisms above, rule no. 2, "to keep your clothes on in public," was not seen as a priority for prevention.

There were a couple of positive aspects to the program, however. The people in the vignettes reflected the racial diversity of our society and the presentation did accurately reflect the reality that men are primarily the abusers.

5. *No-Go-Tell. A Child Protection Curriculum for Very Young Disabled Children* (1986)

(a) Program Description:

No-Go-Tell was one of the earliest programs developed specifically for very young developmentally disabled children. It is founded on the belief that "those children who are properly educated about sexual abuse and who acquire assertiveness skills to discourage offenders are substantially less vulnerable to victimization."

The total program package is extensive: a guide for parents and teachers, boy and girl dolls, a "post-test" of twenty-one picture panels to measure each child's level of comprehension of the skills, and fifty-five lesson panels with drawings on one side and information for teachers on the other. The panels cover key concepts of child sexual abuse (types of touch, body parts, and who and how to tell about abuse). The

curriculum is usually taught in three to five weeks.

The curriculum emphasizes:

Good, positive touching to prevent fear and anxiety in the children. Touching is described as good touch, bad touch, confusing touch and inappropriate sexual touch in order to differentiate between touch that physically hurts (bad touch), and touch that makes a child feel upset (confusing touch and inappropriate sexual touch). This allows teachers to draw a bridge between confusing touch and inappropriate sexual touch without stigmatizing sexual touch as bad or wrong.

(b) Program Evaluation:

The No-Go-Tell curriculum is another program that the Committee evaluated by reading material and looking at lesson panels only. There is no audio component and the only visual component is the study cards.

The "no," "go" and "tell" concept is very specific, concrete, and easy to remember. While it leaves little decision making up to the individual, it was considered by the Committee to be a good educational tool for young children. "No-Go-Tell" is a catchy and easily learned slogan even though it is simplistic.

The program strongly emphasized saying "no" as a prevention skill. But the Committee questioned what happens to the child who doesn't say "no" or who cannot "go and tell." Will she feel responsible and guilty for not having stopped the abuse?

The Committee was also concerned that children are told to tell teachers and parents if they have been abused instead of being taught to tell and keep telling until an adult believes and helps them. The number of "safe" persons should not be limited.

Skill development is appropriately a critical component of this program. The curriculum makes it clear that pictures alone are not sufficient for teaching and that "the concepts and skills must be reinforced through additional learning experiences" such as role playing. The program itself describes pictures, without supplementary material, as having a static quality. Our Committee found the picture

cards that accompanied this program to be one-dimensional, boring, and often even "scary." (Children often were portrayed with a look of horror).

Even though the program strongly recommends that the "curriculum should not be implemented in a school until training for teachers on sexual abuse has been conducted," and warns that "without proper preparation the effectiveness of the curriculum will be greatly diminished," and even though the teachers' guide is thorough, this Committee felt that too much was left to the discretion of the individual teacher. Too much of the program is dependent on the individual teacher's time, initiative, and personal effectiveness.

6. *Sexual Abuse and Self-Protection Developmental Disabilities Project* (Seattle Rape Relief) (1979)

(a) Program Description:

This program, developed by Seattle Rape Relief, was one of the first prevention programs in North America for people with developmental disabilities. It is divided into Level I (for children ages six to eleven) and Level II (for use with adolescents ages twelve to nineteen and with "mentally retarded adults"). The format of the program at each level consists of a series of film strips (each between nine to fifteen frames long) on the different aspects of sexual exploitation. There is an accompanying script for each film strip/scenario included in the curriculum guide and the teacher is supposed to read the script as he or she rolls the film. The guides include the objective of the lesson, extensive lesson plans identifying the skills to be developed, suggestions for learning materials, class activities, and how to alter the lesson plan for those who are blind, hearing impaired, and/or language delayed. The intent of the lesson plans is to "progressively add to each student's awareness about sexual exploitation and self-protective skills."

Teachers are encouraged to prepare their lessons before beginning the program, parents are encouraged to help plan or preview the curriculum and the program recommends that parents be invited to observe and participate in classes.

(b) Program Evaluation:

This program was one of the first to identify clearly that the "sexual exploitation of children, adolescents, and adults who are physically handicapped and/or mentally handicapped is a serious and pervasive problem..." and that "information concerning sexual exploitation is not only lacking in residential environments, but is seriously deficient within special education programs."

But while the Committee acknowledges that this program/curriculum was probably "ahead of its time" (in the late 1970s) in identifying the need for sexual abuse prevention education, the Committee found the program generally to be technically poor, restrictive, frightening, and even inaccurate.

As one Committee member noted,

> the images and stories in the film strips [are] not representative of the program's own statistics. The written material explains that only 1 percent of offenders are strangers, yet the film strips and exercises focus on strangers or mere acquaintances as the "danger."

The eight film strips that the Committee reviewed poorly reflected our society's cultural/ethnic/racial diversity. All victims and all perpetrators of abuse were white. The male perpetrators were all presented as the archetypal "bad" man — a stranger who was grisly, "dark," bearded, mysterious, and large. The images and scenarios presented were more haunting and alarming than instructive.

The curriculum content was evaluated as restrictive rather than empowering. Victims were given very concrete (and very limiting) suggestions about what to do to avoid threatening/exploitative situations. There was little support or respect for the decision-making ability of adolescents with developmental disabilities.

Another criticism of the curriculum content is that "while the introduction to Level I does state that positive relationships and positive touch should be described before using the curriculum, the emphasis is on negative/uncomfortable touch. In addition, there is little or no information about bodies or sexuality.

Another Committee member wrote her concern that:

> parents are inappropriately invited to the school to watch the

program with the child. This might deter children from disclosing if the parent is the offender or if the child has been threatened not to tell their parents. (The threat might be that they or their family will be harmed if they tell). This further isolates and confuses the child.

The film strips and lesson plans were poorly integrated. The images in the films were badly done. In some cases it was difficult to define what was actually happening even with the script line in front of us. After each action of the film frame, students are asked "is that okay?" This, to the Committee, was boring and repetitive in a way that was not helpful as a learning tool.

Using film strips was technically cumbersome and awkward, although the Committee acknowledges that this method allows the teacher to work through the material at her/his own pace.

7. *Feeling Yes/Feeling No. A Sexual Assault Prevention Program for Young Children and Their Parents* (1986)

(a) Program Description:

Feeling Yes/Feeling No is a sexual abuse prevention program for children ages six to twelve produced by the National Film Board of Canada.

The program has two video components: a twenty-eight-minute introduction that explains the goals and methods of the program to parents, teachers, and other professionals; and three fifteen-minute sections that define sexual assault and teach protective skills to children.

Five separate twenty-four-page guides accompany the video presentation. Parts 1, 2, and 3 are for children and their teachers. There is a Family Guide and a Guide for Parents and Professionals.

The video can be rented for a minimal charge by anyone who requests it. (It can also be purchased.) The companion guides are freely distributed, but only if requested. They are not automatically sent out with the prevention video.

The program defines sexual assault for children as "when someone gives me the 'no feeling' by touching me on my breasts, vagina or

or bum if I'm a girl or my penis or bum if I'm a boy, or makes me touch or look at these parts of their body."

The program identifies distinguishing "yes feelings" from "no feelings" as an important personal safety skill for children to learn. "Yes feelings" are defined as "the way I feel when something happens to me that I like"; and "no feelings" as "the way I feel when something happens to me that I don't like." The program firmly believes that a child's safety increases with "his/her ability to identify and trust his/her feelings."

(b) Program Evaluation:

Several strengths of this program are that it clearly conveys the sense that children have the right to control their own bodies, a support community is well-defined for children, and abuse is accurately reflected (i.e., that most abusers are known to the child). The message about sexual abuse is clear and non-evasive, explicit but not frightening. The guides and recommended exercises are useful.

The video presentation itself did not receive as positive an evaluation from the Committee. The actors "irritated" members (nasty facial expressions, peculiar tone of voice), and while there was a racial/cultural mix of children in the program audience, all the actors were white.

Defining sexual assault for children only by telling the "no feeling" does not fulfil the programs' own commitment to giving children "a clear, non-threatening understanding of what sexual assault is" or to giving a child "a vocabulary with which to discuss his/her personal body parts."

Only identifying "yes feelings" and "no feelings" is too rigid and does not allow for a range of confusing or "in-between" feelings. Not all abusive situations feel like "no feelings"; feelings that produce "yes feelings" but are abusive are ignored. There also should be more emphasis on discussing "positive touch."

Another critique of this program is its marketability. On the one hand, it is important that information about sexual abuse and its prevention be readily available; on the other hand, appropriate training is necessary for the program to be effective. When the Committee

requested the program for preview, our information officer was not told of the available companion guides. They were not automatically sent out with the video.

8. *The Care Kit (Child Abuse Research and Education)* (1984)

(a) Program Description:

The Child Abuse Research and Education (CARE) "Kit" is a prevention program designed for young children from kindergarten to grade 3. The kit includes a number of components: picture message cards and discussion cards with guidelines for discussion for the teacher's leader, a poster with the message, "Trust Your Feelings, Your Body Belongs To You" for each child, an audio tape of the song "Trust Your Feelings" with an accompanying book of the same name, boy/girl puppets, a Lesson Planning Guide to inform the teacher about sexual abuse and the law and reporting procedures after a child discloses, and an Implementation and Training Manual with resource material for the facilitator, such as how to demonstrate the program and how to build community awareness.

The program kit is available on request to anyone who wishes to purchase it.

The program curriculum is divided into three parts, and each part has four accompanying message cards with different but related messages. "In Part 1 children learn that each person owns and is responsible for his or her own body and feelings... Part 2 introduces the subject of sexual abuse through a discussion of touching. Children [are taught] how sexual abuse happens, who the offender might be, how to recognize potentially dangerous situations and what to do to prevent sexual abuse... Part 3 deals with self-protection and reporting."

Teachers are advised in the planning guide that the kit ought to be used daily, with fifteen to twenty minutes spent on each lesson, and should take three to six weeks to complete.

In its program rationale, the Lesson Planning Guide states its values and approach:

Studies suggest that a child who is properly informed about

sexual abuse is less likely to become a victim than an uninformed child.

If prevention through education is to take place on a scale that is effective, instruction in sexual abuse must be a part of every child's safety training. It should be part of a systematic learning program, integrated with the existing school curriculum.

(b) Program Evaluation:

The CARE program contains an extensive range of components. The Committee was divided on whether the quantity of material was impressive (that it covered such a range of prevention training) or whether it was oppressive in its intricacy and complexity.

The continuum of touch was reflected clearly and thoroughly, and the message about sexual abuse is straightforward and non-evasive. The colourful drawings and characters were judged as interesting to children, however the message cards that were in black and white were considered boring.

The positive aspects of the CARE program include the wide range of available teaching aids, the commitment to involving the community, and a thorough lesson planning and training guide for teachers.

But the accompanying teacher training guide was also seen to be part of the program's greatest drawback. On the one hand it was regarded as positive that the teacher's guide was extensive, on the other hand, there was concern that since the kit is available to anyone to purchase, there is no "quality" control of the training or of the delivery. The Lesson Planning Guide, and the Implementation and Training Manual, and the discussion cards are, in effect, self-training tools for the teacher. How well the material is integrated, synthesized, and presented is totally dependent on the commitment, skill, and ability of the teacher/trainer.

The program is easily marketed and has the potential to be widely distributed yet there are no controls regarding its delivery or implementation. The impact or effectiveness of this program is difficult to measure since so much is dependent on the quality of the presentation. The rational of the program includes a call for sexual abuse prevention

education to be part of a systematic learning program, yet the delivery of the CARE program is not carried out in any particularly systematic way.

9. *The Child Abuse Prevention Kit* (1984)

(a) Program Description:

As the introduction to this program developed by the Metropolitan Special Committee on Child Abuse explains,

> The Child Abuse Prevention Kit is designed to aid in the classroom follow-up of the play, *Journey From A.M.U.* The play introduces basic personal safety concepts [and] the kit reinforces these concepts, explores them in greater depth, and puts them to practical use.

Journey from A.M.U. (All Mixed Up) is a fifty-five-minute play about a girl who comes to planet Earth to understand touch so it can be restored on A.M.U. The follow-up kit includes twenty-seven study cards grouped into four thematic areas (touching, stand up for yourself, getting help, and other personal safety issues); an extensive guide of teaching ideas; four puppets (Merlana the central character in the play, a child, a male, and a female adult); two playing cue cards that are cross-referenced with the study cards; two posters with the messages "my body belongs to me," and "trust your feelings;" an audio tape of the four songs featured in the play; and the book *No More Secrets* by Caren Adams and Jennifer Fay — a guide in how to talk to children about sexual abuse.

> This program uses the concept of the Touch Continuum that: gives students the chance to explore the whole range of touch, from touch that is warm and nurturing through touch that is confusing, to touch that is exploitative and/or hurtful. [As described elsewhere,] an awareness of the touch continuum gives children a framework in which to sort out the different kinds of touch. As well, it alerts them to the fact that they have a right to talk about any touch that feels uncomfortable or gives them a "funny feeling."

This program emphasizes that the "direct involvement of professionals, parents, and the general community is crucial to the program's ultimate success." It is the only program that articulates as a goal a commitment to "coordinate its efforts "with all other initiatives being taken at the time in the area of child sexual abuse (including legal, social agency, law enforcement and medical initiatives.)"

The Special Committee on Child Abuse issues a contract to those licensing the program to ensure that all components of the kit will be carried out. This is an attempt to control or ensure the quality of the teaching of prevention material.

(b) Program Evaluation:

Overall, the Child Abuse Prevention Kit received the most favourable evaluation by the Committee. We found it to be the most sensitive and comprehensive program. The materials are appealing, the concepts are clear and not frightening, the tone is respectful and non-patronizing, and the program allows for more informal follow-up of the messages by teachers and parents. We were able to learn more and see more of how this program actually works as a prevention model because the Committee was fortunate to have the Coordinator of the program as one of its members.

Issues dealing with empowerment, isolation, language/concepts, and the balance of positive and negative touch were integrated particularly well. As one Committee member commented, "By using the different situations in the play and the many role-playing cards, the child is exposed to all types of exploitation not only at home but at school and in the community!"

Another Committee member noted,

> The program not only deals with the many forms of abuse, but consciously deals with personal safety issues. Children are taught to respond to a wide range of aspects of abusive situations.

Even though the play is limited in the scope of possible scenes (because there are only two characters in addition to the protagonist), a range of living situations and a diversity of family styles is well

reflected. Both single and two-parent families are represented. Characters include a mother who works outside the home, a single-parent father, and a child who is a "latch-key" kid. In casting for the play, the Special Committee is committed to hiring actors of different races.

This committee ranked this program most highly on its representation of the range of touch. The program deals with the subtleties of positive/negative and confusing touch very well. In the play, children get to watch the characters struggle with a complexity of feelings and see how the characters resolve their mixed feelings. This program does not pretend or imply that there are easy answers for children yet seems to succeed in leaving children with a generally positive, empowering, and "good" feeling about themselves.

A Committee member comments that:

> while the curriculum does not explore sexuality in great detail, it does explain different parts of the body clearly. More importantly it looks at how to care for your body. For children of this target age, promoting a positive image about your own body and how to care for it is far more positive than exploring sexuality — a concept which may be confusing for them.

Still another committee member wrote that this program

> has a very good feel to it. It would require adaptation for use with children with mental handicaps. In an integrated classroom the program could probably stay as is except for additional instruction or repetition appropriate for their developmental level; for children in segregated classrooms the play might need to be shortened and some of the games and role-playing situations simplified.

V. SUMMARY OF FINDINGS: GENERAL TRENDS ACROSS THE PROGRAMS AND RECOMMENDATIONS FOR FUTURE DEVELOPMENT

The evaluations of each of the programs provide an indication of the strengths, weaknesses, appropriateness, and effectiveness nine current and popular sexual abuse prevention programs. More general trends across the programs emerged in light of the evaluation criteria as well.

General Trends

Several of the programs were disappointing in that they reinforced rather than challenged sex-role stereotypes and the stereotypes related to disability that contribute to abuse. It will be remembered, for instance, that the *Circles II* program reinforces the conventional notion that boys should not play with dolls. In other programs, people with mental handicaps are portrayed as virtually controlled by others. While this reinforcement of unhelpful stereotypes is a problem, a more troubling and fundamental problem is the general lack, across the programs, of conscious treatment given to stereotypes at all. In this sense, the programs do little to address the root causes of abuse.

The images in some of the programs do not reflect a healthy balance between positive and negative social encounters. The film strips of the *Developmental Disabilities Project,* for instance, are frightening. The picture frames show young women in potentially unsafe situations almost frozen in their inability to think or act. Any notion of individual empowerment or challenge to the abuser is lost, as one Committee member articulated, "in the ever-present lurking possibility of attack." Other programs are not as severe in their imagery, but do not adequately counterbalance images of abusive situations with images of more wholesome, or simply non-abusive, relationships.

Despite what is known about who the abusers are, many of the programs the Committee reviewed still placed the major emphasis on avoiding strangers and on protecting children from stranger/danger. For example, while the written information that accompanied the

Developmental Disabilities Project by the Seattle Rape Relief stated that only 1 percent of offenders of children with mental handicaps are strangers, the accompanying film strips focused on the threat and fear of strangers — from strangers hiding in back alleys to those tricking teenagers into accepting rides to those climbing through open windows. The *Circles II* program also encourages this sense of fear of strangers and in doing so encourages children to be suspicious of everyone in the community. Referring to people in the furthest, least familiar circle, children are told that "you do not touch strangers; strangers do not touch you." Yet children are told, and without adequate distinctions being made, that it is appropriate to hug persons within the second closest circle of intimacy, which would include "your mother/father, boy/girlfriend." In doing so, the program tended to give minimal attention to the potentially abusive situations that involve people familiar to the child, while heightening the degree of sensitivity to those situations in which abuse is least likely to occur.[7] Programs that attempt to rigidly define appropriate touch or behaviours within distinct and therefore unrealistic categories of relationships run the risk of obscuring rather than shedding light on facts about abuse.

Exceptions to this general pattern include *The Child Abuse Prevention Kit* by the Metropolitan Toronto Special Committee on Child Abuse. It clearly reflects the reality that abusers are usually known to the child. In the play an uncle intrusively hugs his niece, a father inappropriately touches his daughter, and a school boy bullies his friends. *Planned Parenthood's Sexual Abuse Prevention: Five Safety Rules* also has vignettes that clearly show that the abuser is both male and known to the child.

The evaluation team assessed programs not only on how clearly they reflect the statistical truths about sexual abuse, but also on how realistically they portray the lives of people with mental handicaps. As well, the evaluators looked for an appropriate balance between simple "facticity" in representing individuals' lives, and an attempt by the programs to counteract conventional stereotypes that contribute to individuals' vulnerability. In other words, there is an important balance to be struck in prevention programs between "sticking to the facts" and having the courage to be visionary. Being factual may mean presenting individuals with mental handicaps as largely segregated

from and controlled by others, and therefore vulnerable. Being more visionary and contructive would involve representing individuals as active and therefore less vulnerable participants in fully integrated settings, even if it means deviating from the social facts a little.

In this regard, *The Woodrow Project: A Sexual Abuse Prevention Curriculum* and *Five Safety Rules* are both open to a mixed review. Both show children with mental handicaps as participating in a variety of activities in a range of places and so are realistic to the degree that they depict the increasing trend for individuals with mental handicaps to be participating in a range of activities. Unfortunately, however, the programs continually show the children in segregated environments, thus doing little to alter the fundamental stereotypes of segregated and therefore vulnerable individuals. *Circles II* is open to similar criticism. In one sense, the program accurately captures the narrowness and static quality of the segregated lives of many children who have mental handicaps. The impression was, however, that it captures these qualities unintentionally. It also does little to promote the idea that it is desireable for people with mental handicaps to be living dynamic and expanding lives, and to be experiencing integration through participation with others in the community.

The evaluation team also looked for programs to present information in more or less complex ways for individuals of different ages and developmental levels. While the programs generally do take age and cognitive ability into account, no one program is completely inclusive with respect to the major age and conceptual ranges of people with mental handicaps, and the evaluation is again mixed. Some programs target specific categories of age in a reasonably effective way, yet seem to approach developmental ability within that (those) age category(ies) as something homogenous. For instance, the content and manner of delivery used in *Circles II* may help to make that program conceptually accessible to *some* adolescents with mental handicaps (the stated target population). The program would be less accessible, however, to large numbers of others within the target group because of the cognitive skills required to grasp the abstract, confusing, and probably difficult-to-remember idea of colour-coded "circles" representing levels of intimacy. A similar criticism about accessibility could be raised against *Feeling Yes / Feeling No*, but because this generic program was

designed for children who do not have significant cognitive disabilities it is even less accessible to people with mental handicaps.

Other programs, like the *Developmental Disabilities Project* and the *Woodrow Project*, are more sophisticated and effective in targeting ages and ability levels. Unfortunately, they do not target those with the greatest extent of cognitive disability and who are perhaps the most vulnerabile to abuse. Programs that would be conceptually more accessible to this latter group could employ some of the features of programs designed for children, such as *No-Go-Tell*. But the program imagery would have to be altered to be age appropriate for adolescents and adults.

Some of the programs are stronger than others in providing a clear and understandable language to discuss abuse. For example, the *Woodrow Project*, geared toward mentally handicapped young adults, covers lessons on self-awareness and the identification of body parts in the first two (of its eight) lessons. The purpose is not to take the place of sex education but to teach participants prevention and personal safety skills. The program explains that:

> For the purpose of this curriculum, private parts are identified as breasts and vagina for females, and penis for males, as well as buttocks for both sexes. "Anus" and "vulva" [are used] when working with higher functioning participants.

A serious gap across all the programs is their general failure to address the needs of individuals who have intensive and extensive mental handicaps and the accompanying communication and language limitations. *No-Go-Tell* is an important exception, but targets only "Very Young Disabled Children."

The technical quality of programs and their components has an influential impact on reaching and maintaining the interest of the audience. The Committee found that the study/message cards that are in colour are far more intriguing and offer a greater range of teaching possibilities than those merely in black and white. The black and white drawings seem static and one-dimensional. Programs with an audio/visual component also capture attention much more effectively than those with textual materials only.

In communicating the range of possible touch, the programs vary in effectiveness. The *Feeling Yes/Feeling No* program does not deal

sufficiently with touch that was confusing, and by not doing so ignores the real range of thoughts and emotions that children feel and experience. In the *Circles II* and *Five Safety Rules* programs, almost no interactional touch is expressed. Paradoxically, in an effort to be concrete, the programs lose sight of the reality of touching and feeling.

All the programs that were evaluated are philosophically consistent with most of the criteria of the child's need for and right to "empowerment." The messages about empowerment, however, are conveyed in different, and more and less successful ways. The *Circles II* program focusses more on controlling children's experience than on empowering them. The drawings in the *No-Go-Tell* program and the film images in the *Developmental Disabilities Project* are too alarming and frightening to be empowering. The evaluators felt that the sense of alarm and fear these images convey will in effect discourage or immobilize a child from seeking help.

In an attempt to empower individuals, many of the programs teach at least three key safety rules or skills to say "no," to get away, and to tell someone. There is a thin line, however, between teaching children rules on what to do in order to protect themselves and actually holding them responsible for their own safety. Listing rules for children to memorize can be limiting by its simplicity, and can burden them with an inappropriate sense of responsibility. For instance, while the rule that children ought to tell someone is an important one, too often programs neglect to explain to children *how* to tell or what to do if they are not believed. As Stewart asks, "if we teach children lots of rules and in the course of breaking one they happen to be assaulted, how can we then convince them that it's not their fault?" The *Woodrow Project, Circles II, Five Safety Rules, No-Go-Tell,* and the *Developmental Disabilities Project* all shoulder the child with too great a responsibility for saying "no" to unwanted touch and in this sense actually disempower individuals. The *Woodrow Project Curriculum,* for example, instructs children to "tell" someone if they have been abused, but instead of urging them to tell and to keep telling until an adult believes them, it simply fails to explore what to do if adults do not believe or fail to act upon the disclosure.

The evaluation team also looked for indicators that the programs acknowledge and address the social and systemic factors that make

people with mental handicaps "doubly" vulnerable to sexual assault. Do they, for example, deal with the problems children with disabilities experience when they reside in highly controlling (perhaps punitive) residential settings, are being abused, and are trying to say "no," to get away, and to tell someone? None of the six programs whose target audience is children/adolescents with mental handicaps addresses this complex and troubling issue.

The programs generally seem to reflect an awareness that effective prevention is a community matter. *The Child Abuse Prevention Kit* and the *Woodrow Project* both stress that the "direct involvement of professionals, parents, and the general community is crucial to the programs' ultimate success." The programs do not, however, present resource packages that are tailored to the interests and viewpoints on abuse for target groups as diverse as parents, police, school educators, social workers, and direct care providers. There are other problems at the operational level as well. Many of the programs include guidelines for teachers on how to implement the prevention curriculum, and this information is clearly necessary. Yet there is a corresponding risk that instruction in abuse prevention will be seen as something for dedicated professionals to undertake on their own initiative, using the "self-instruction" method to prepare themselves before presenting the issues and prevention strategies to others. Clearly, this leaves a great deal to the individual professional's skills, attitudes, and ability to schedule adequate time for preparation. For example, where teachers are over-burdened with workloads, which is frequently the case today, many are likely to regard education in abuse prevention as one more added pressure, and will be tempted to let it slide quietly down the priority list. The key operational problem, then, is centred less in individual professionals and in the resources provided in the prevention programs, and more in the systemic context(s) in which the programs will be implemented. Because teaching personal safety skills is too important to be left casually to individual initiative and discretion, the evaluators looked for program features that would help to "situate" prevention at the instructional level within a broader system / administrative framework. Only one of the programs, the *Child Abuse Prevention Kit*, concretely locates the instructional level within the broader system context. It insists that an experienced professional

consultant from the program conduct an in-depth training and orientation session for teachers, administrators, and school staff.[9]

Finally, many members of the evaluation team found that the generic programs are generally more engaging, thorough, active, and appealing than the others, although these programs leave unresolved many issues concerning accessibility of the program content to individuals who have mental handicaps.

Notes

7 "It is particularly important for parents [and educators] to acknowledge to their children the possibility of abuse by known adults, given that we know that children who are assaulted by someone known to their parents are much less likely to disclose to them." (Stewart, iii)

8 The session provides: (a) an overview of child abuse, particularly sexual abuse; (b) an opportunity to identify community support systems; (c) a briefing to clarify reporting procedures for suspected abuse cases; (d) training in the use of the Child Abuse Prevention Kit; and (e) a chance to discuss common concerns. The session serves as a useful model that could be used by other prevention programs, and that could also be adapted for law enforcement, social work, direct care provision and other system contexts.

VI. RECOMMENDATIONS REGARDING SEXUAL ABUSE PREVENTION PROGRAMS MADE BY THE G. ALLAN ROEHER INSTITUTE, OCTOBER 1989

The evaluation team concluded that none of the nine programs was appropriate to adopt fully for use with children who have mental handicaps. Neither did it identify one program for adaptation and future use. It was able, however, to identify crucial needs and considerations that need to be taken into account in any future efforts to develop successful sexual abuse prevention programs for this target group.

The following are conclusions/recommendations resulting from the process of evaluation and review:

- There is a need for prevention that addresses the root causes of abuse; values of our society that encourage violence, the abuse of power, the devaluation of girls and women, and sex-role stereotyping need to be clearly presented and challenged. Programs also need to do more to challenge conventional attitudes toward people who have mental handicaps that contribute to the climate of abuse.
- Programs need to present autonomous decision making for people at all levels of ability. They also should emphasize an expansion, not a restriction, of choices and options for people with mental handicaps (including children).
- More needs to be done by programs to reflect the statistical reality of sexual abuse in the program content as well as in the training material for educators. Girls/women have a much greater risk of abuse than boys/men. The offenders (in 94 percent of cases, men) are usually known to the victim, and so programs should be doing more to highlight rather than minimize the potentially abusive situations involving people familiar to the person who has a mental handicap.
- Because children with mental handicaps receive special services and care by a trusted adult more so than do other children, the child with a handicap might be more vulnerable to abuse by a known adult. Program guides and principles for program design should more regularly and accurately reflect this fact.

- Programs are necessary that will reflect in all resource material the principle that children with mental handicaps belong in integrated environments; e.g., children with mental handicaps should be shown in integrated settings, and this should be portrayed as natural rather than exceptional. Where programs portray institutionalized persons with mental handicaps, efforts should be made to accurately represent the realities of their lives and their experiences. This will mean not glossing over the sometimes troubling features of institutional life.
- There is a need for a comprehensive program, or perhaps a number of complementary separate programs, that use language, concepts, images, and other materials that are conceptually accessible to people within a given target audience who display a range of abilities and ages. The following teaching recommendations by educator Carol A. Plummer could be used as a set of general principles to inform thinking about future development in this area:
    * Keep concepts simple. Keep in mind the attention span and range of abilities of the students.
    * Information and the skill required to grasp it should be geared to the skills and understanding level of the students.
    * Use repetition to reinforce learning.
    * Focus on the concrete rather than the abstract
    * Use movement; keep activities **active**.
    * Use relevant role play to build skills through practice.
- Programs are necessary that facilitate the delivery of prevention concepts to individuals having a range of abilities and ages within a given target group. This means that there is a need for programs that are not too rigidly defined. Implementation principles should allow for flexibility and adaptation so that the needs of people at various developmental / cognitive levels within the target group can be addressed. The programs should also suggest concrete strategies for training instructors in the use of program material for individuals having a range of abilities / conceptual levels.
- Programs that effectively explore a range of positive, negative, and confusing touch, but that avoid simplistically referring to touch as simply "good" or "bad," are required.
- There is a need for programs that reflect the real range of thoughts,

feelings, fears, and experiences of people with mental handicaps. Lives should not be represented as static or one-dimensional. People with mental handicaps should not be presented as a monolithic group with a singular, definitive set of feelings or abilities. Instead, programs should developed that represent people as they really are — as different individuals across all ages, having a wide range of skills, cognitive abilities, interests, and needs, and as individuals who live, work, learn, and play in a variety of environments.

- More programs, materials, and training need to reflect comprehensively the principle that people with mental handicaps (including children) have a right to increased control over their lives. For example, programs that provide individuals with accurate information about their bodies and sexuality could help them to make more informed decisions, and so would be empowering.
- Programs are necessary that help children to deal with resistance and non-action by adults upon the disclosure of abuse. For example, programs could more widely be encouraging children to tell about abusive experiences and to keep telling until an adult believes them.
- There is a critical need for programs that acknowledge the difficulties for children, particularly those with mental handicaps, in saying "no," getting away and telling someone. Programs also need to sensitize the community to the tendency for girls/women to be disbelieved when they disclose abuse, with the consequences that abuse often continues even after disclosure.
- Teaching protection skills to children individually is an important part of thorough prevention skills. Program approaches need to be developed that make sexual abuse prevention training as fundamental a part of the education curriculum as learning traffic safety rules.
- More programs are also required that, on a very concrete level, help the entire community of teachers and schools, parents and families, local professionals and services, caregivers and institutions become more aware of and involved in prevention. Programs that explore what to do about abuse and mental handicap should be integral to teacher training, training in law enforcement, training in one-to-one care, preparation of social workers, legal training, and so on.
- The responsibility of preventing sexual abuse must not be placed on the child. More opportunities for training for parents (and other

principle care providers) are required that include components on the detection and prevention of abuse. These programs will enable parents to learn about the realities of sexual abuse, to be able to discuss the issue with the child, to ultimately believe the child if she/he discloses abuse, and to know where to turn for help.

- The prevention program should not be an isolated, single experience — program concepts should be repeated and reinforced in all aspects of a child's life. Likewise, an effective program requires the full co-operation of all — no single individual or agency can respond in isolation to child sexual abuse. Steps must be taken, therefore, to promote effective coordination among all systems involved.
- Program approaches are required that give teachers/instructors the proper training, support, and time to become well-informed and confident in working with the issue of abuse. These approaches will "train trainers" to: (1) understand the basic concepts involved in the sexual abuse of children, (2) acknowledge the signs and symptoms of abuse in order to be able to intervene, (3) be able to gently probe the child about her/his experience of abuse, (4) know how to properly respond to a child who has disclosed abuse, (5) be aware of current and appropriate referrals, and (6) be able to teach prevention skills to others. These program approaches will adequately prepare educators to work with prevention materials (Finkelhor & Aranji [1983] as in *Vulnerable*, 45).
- Because people with mental handicaps ought to be integrated and not merely represented in the larger community, programs are required that help existing services in the area of prevention to develop their capacity to provide fully integrated programs to disabled and non-disabled persons.
- Any attempt to use existing generic prevention programs will take steps, such as slowing down the pace of presentation, breaking information down into smaller units, repeating steps, and providing reinforcements geared to the specific level cognitive ability of the actual target audience. Materials will generally need to be adjusted to be age appropriate and understandable to a given audience, and steps may also have to be taken to accommodate more than one disability. The degree of modification required raises questions about the feasibility of using existing generic programs.

- Programs that address the experiences, needs, and ability levels of individuals who have intensive / extensive mental handicaps are urgently required.

REFERENCES

Anderson, Cordelia. 1983. *Child Sexual Abuse Prevention: How to Take the First Steps.* Illusion Theater.

Cole, Sandra S. 1984. "Facing the Challenges of Sexual Abuse in Persons with Disabilities." *Sexuality and Disability,* Volume 7, Numbers 3/4, Fall/Winter, pp.77-87.

Crossmaker, Maureen. 1986. *Empowerment: A Systems Approach to Preventing Assaults Against People with Mental Retardation and / or Developmental Disabilities.* Columbus, Ohio: The National Assault Prevention Center.

Hard, Suzanne. 1986. "Sexual Abuse of the Developmentally Disabled: A case Study." (Paper presented at the National Conference of Executives of Associations for Retarded Citizens, Omaha, Nebraska).

Plummer, Carol A. 1984. *Preventing Sexual Abuse. Activities and Strategies for Those Working with Children and Adolescents.* Holmes Beach, Florida: Learning Publications, Inc.

Senn, Charlene Y. 1988. *Vulnerable. Sexual Abuse and People with an Intellectual Handicap.* Toronto: The G. Allan Roeher Institute.

Stewart, Catherine. 1986. "Child Sexual Abuse. Resource Materials for Preventative Education." The Metropolitan Toronto Special Committee on Child Abuse.

Ticoll, Miriam, 1989. "Sexual Assault of Adults with Developmental Handicaps: Overview." (Paper presented at Women's College Hospital, January, 1989)

APPENDIX
EVALUATION FORM: SEXUAL ABUSE PREVENTION PROJECT

THE G. ALLAN ROEHER INSTITUTE

This evaluation form has questions organized in seven categories: Empowerment; Isolation; Accuracy; Balance of Positive and Negative Messages; Language and Concepts; Values; and Overview.

Please remember to fill in as much as possible; yet not to be restricted or limited by the questions. Please add any comments you feel are important.

EMPOWERMENT

> Empowerment is a process of acquiring information, skills, social support networks, increased self-esteem and increased control over one's life. (Crossmaker)

1. Does this program support the belief that:

   (a) No one has the right to touch your body if you don't want them to. (Circle one.)
   Yes No

   (b) Each person has the right to say "no" to touch.
   Yes No

   (c) Individuals should trust their own feelings.
   Yes No

2. Does this program:

   (a) Identify a support system for the victim.
   Yes No

(b) Identify what the victim can do.
Yes No

(c) Identify a community of who to tell/how to tell.
Yes No

(d) Comments:

3. Information and skills increase self-esteem and personal power. This program should make people feel more independent, not less so; more capable, not less so; people should feel safer, not less so.

Please rank how well you feel the program has reflected this belief.

Not at all Poorly Satisfactorily Well Very Well

Comments:

4. There is a power differential between the perpetrator of abuse and the victim of abuse.
Please rank how well you feel the program has reflected this dynamic?

Not at all Poorly Satisfactorily Well Very Well

Comments:

5. How well do you feel this program respects and supports the decision-making ability of people with developmental disabilities? (When applicable.)

   Not at all Poorly Satisfactorily Well Very Well

   Comments:

6. Abuse takes on many forms ranging from harassment, verbal humiliation, and threats of violence to physical and sexual assault. Does the program help people with disabilities to generalize information and skills to various situations they will encounter?

   Not at all Poorly Satisfactorily Well Very Well

7. Further comments on issues related to Empowerment:

ISOLATION

Isolation, lack of information and powerlessness and dependency are the social factors that cause vulnerability. In order to reduce vulnerability we must end the isolation by providing accurate information and empowering people with disabilities. (Crossmaker)

8. Please rank how well you feel the program is "community based," how well it believes in a community effort or involvement in sexual abuse prevention. (i.e., involvement of parents, teachers, institutions, neighbourhood)

Not at all Poorly Sastisfactorily Well Very Well

Comments on how it does or does not do this:

9. In this program, how clearly/well do you feel people with mental handicaps are integrated into the larger community? (where applicable)

Not at all Poorly Satisfactorily Well Very Well

Comments:

10. **Further comments on issues related to Isolation:**

ACCURACY

People with disabilities are most often assaulted by someone they know and trust, such as a family member or service provider. (Crossmaker)

11. Eighty percent of abused children (and 99 percent of people with mental handicaps who are abused) are abused by someone known to them.

    How clearly does the program material accurately reflect this reality of abuse?

    Not at all Poorly Satisfactorily Well Very Well

    Comments:

12. The majority of perpetrators of sexual abuse are male.

    How clearly does the program material accurately reflect this reality?

    Not at all Poorly Satisfactorily Well Very Well

    Comments:

13. How well does the program portray/reflect the victim's emotions, i.e., conflicting feelings and fears?

    Not at all Poorly Satisfactorily Well Very Well

Comments:

14. Please rate how broadly the diversity of families and the range of living situations is represented.

    Not at all Poorly Satisfactorily Well Very Well

    Comments:

15. Please rate how well this program reflects the range of places where people with mental handicaps live and work (i.e., home, school, workplace, playground, institution). (Where applicable.)

    Not at all Poorly Satisfactorily Well Very Well

    Comments:

16. How accurately does this program reflect the lives of people who have developmental disabilities? (Where applicable.)

    Not at all Poorly Satisfactorily Well Very Well

    Please comment on how it does/does not do this:

17. Further comments on issues related to Accuracy:

BALANCE OF POSITIVE AND NEGATIVE MESSAGES

18. The Touch Continuum incorporates a range of touch from touch that is nurturing/positive through touch that is confusing, to touch that is hurtful/exploitative. (Stewart)

    How clearly does this program explain the range of positive/negative touch?

    Not at all Poorly Satisfactorily Well Very Well

19. It is just as important to explain ... what constitutes healthy behaviour as it is to explain what constitutes unhealthy behaviour. (Stewart)

    How clearly does the program reflect this?

    Not at all Poorly Satisfactorily Well Very Well

20. It's fine if touch that hurts (i.e., hitting, punching, etc.) is called "bad," but from the point of view of healthy sexual development, labelling sexual touch as "bad" is undesirable, particularly since from the point of view of the abused ... the sexual touch may well feel "good." (Stewart)

    Please rate how accurately this program reflects the above statement.

    Not at all Poorly Satisfactorily Well Very Well

21. How well/accurately is information about the body and sexuality positively reflected?

Not at all Poorly Satisfactorily Well Very Well

22. Further comments on issues related to the Balance of Positive/ Negative Messages:

LANGUAGE AND CONCEPTS

23. Is the message about sexual abuse straightforward and non-evasive?

    Yes No

    Please rate how clearly:

    Not at all Poorly Satisfactorily Well Very Well

24. Is the message about sexual abuse explicit but not frightening?

    Yes No

    Please rate how clearly:

    Not at all Poorly Satisfactorily Well Very Well

25. Is the tone of the material respectful and non-patronizing?

    Yes No

    Please rate how clearly:

    Not at all Poorly Satisfactorily Well Very Well

26. Are all body parts, including the genitals, named?

    Yes No

27. Are appropriate language, concepts, and materials used for the target age of the audience? (i.e., are sentences simple or compound?)

Not at all Poorly Satisfactorily Well Very Well

28. Do the materials clearly demonstrate the concept?

Not at all Poorly Satisfactorily Well Very Well

29. Are the materials attractive, appealing, and appropriate? (i.e., are they fashion neutral?)

Please rate:

Not at all Poorly Satisfactorily Well Very Well

Please comment on why they are/are not appropriate.

30. Is the pronoun "he" used to refer to both males and females?

Yes No

Please comment on the gender bias in the language and concepts used:

31. (a) How are people with developmental disabilities described?
As:
Mentally retarded
Mentally handicapped
Intellectually handicapped
Developmentally disabled
Other

(b) Please comment on how accurately people with developmental disabilities are portrayed? (Where applicable.)

Not at all Poorly Satisfactorily Well Very Well

32. Further comments on issues related to Language and Concepts:

VALUES

33. Males and females are raised with different gender-role expectations. For example: girls are praised for being compliant and passive; boys for being active and aggressive.

    Please rate how well this program material challanges these images of boys and girls / males and females in traditional roles.

    Not at all Poorly Satisfactorily Well Very Well

    Please comment particularly on how girls/women are portrayed:

34. Isolation, low social status, economic dependency and a sense of powerlessness factors that contribute to the victimization of children and adult women also operate against people with disabilities." (Crossmaker)

    Please rate how clearly this analysis is reflected in the program material.

    Not at all Poorly Satisfactorily Well Very Well

35. Please rate how accurately this program reflects the cultural, ethnic and racial diversity of our society (i.e., are all participants white? Are all those in a position of power white?)

    Not at all Poorly Satisfactorily Well Very Well

36. How clearly does this program reflect the Canadian context?

Not at all Poorly Satisfactorily Well Very Well

What would you change to reflect the Canadian experience more clearly?

37. Further comments on issues related to Values:

OVERVIEW

38. How well does the program meet its stated goals/objectives?

Not at all Poorly Satisfactorily Well Very Well

39. Please rank how effective you think this program will be as a prevention tool.

Not at all Poorly Satisfactorily Well Very Well

40. What did you like most about this program?

41. What did you like least about this program?

42. Please comment on any of the components of the program individually (i.e., teacher's guide, video, posters).

A special thanks to The Metro Toronto Special Committee on Child Abuse's "Child Sexual Abuse. Resource Materials for Preventative Education" (Prepared by Catherine Stewart), and *Empowerment* by Maureen Crossmaker, from which much of this evaluation criteria has been gathered.

The G. Allan Roeher Institute

Canada's National Institute for the Study of Public Policy Affecting Persons with an Intellectual Impairment

The G. Allan Roeher Institute has two major goals:

- to identify and anticipate future trends that will support the presence, participation, self-determination and contribution of persons with an intellectual impairment in their communities;
- to foster the exchange of ideas leading to new ways of thinking about persons with an intellectual impairment.

The Institute conducts, sponsors and publishes research in a wide range of areas, with a major focus on public policy and funding, on studies of innovative social programs and on the development of policy alternatives. It offers training programs and workshops across Canada on topics such as integrated education, post secondary education, leisure, employment, and alternatives to intrusive methods of behaviour modification. Through its Information Services, which include a library, a book and film distribution service, and a computer accessible information system, The Institute provides up-to-date information to the public, professionals and community groups. The Institute also publishes the quarterly magazine **entourage**.

The G. Allan Roeher Institute is sponsored by the Canadian Association for Community Living, a voluntary organization bringing together over 400 local and twelve provincial and territorial associations working on behalf of persons with an intellectual impairment.

For more information about The G. Allan Roeher Institute, please contact us at:

4700 Keele Street, Kinsmen Building, York University,
Downsview, Ontario, Canada M3J 1P3 (416) 661-9611